

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAY STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

	(Type of Thi	it Olourly/		
PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Slovin	Gary	M.	547-5600	
MAILING ADDRESS (Street)	FAX			
1099 Alakea Street, S	547-5880			
(City)	(State)	(Zip Code)		
Honolulu	HI	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	*
Goodsill Anderson Qu	547-5600			
MAILING ADDRESS (Street)	FAX			
1099 Alakea Street, S	547-5880			
(City)	(State)	(Zip Code)		
Honolulu	HI		96813	

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		
Altres, Inc. MAILING ADDRESS (Street)		
(State)	(Zip Code)	
н	XXXXX 96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		
	591-4900	
	FAX	
	591-6584	
(State)	(Zip Code)	
HI	988/13 96814	
	(State) HI R PREPARING ORGANIZATION'S EXPENDITURES STATEMENT (State)	

LREG 03/2005 Page 1 of 2

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agricultu	ıre	☐ Education	☐ Human Services	Science, Technology & Economic Development		
Commu Public U	nications & Itilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation		
Consum Comme	er Protection &	☐ Hawaiian Affairs	Labor & Employment	☐ Transportation		
Culture,	Arts, Historic ation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology Environi	, Energy mental Protection	☐ Housing	☐ Public Safety & Corrections	<u>Taxation</u>		
PART IV CERTIFICATION OF LOBBYIST						
I herepy certify that the information furnished above is, to the best of my knowledge, correct and complete.						
3/19/07				9/07		
				(Date)		
<u> </u>	-A	(Oightataro di Edday),oty				
PART V	AUTHORIZATIO	N TO LORRY				
NAME	AUTHORIZATIO	N TO LODD!	TITLE OF AUTHORIZING OFFICER	R OR PERSON REPRESENTED		
IVAIVIL			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Barr	on L. Guss		Pres. & CEO			
	ORGANIZATION (if app	olicable)		TELEPHONE		
Altres, Ir		,				
Alues, ii	ic.			591-4900		
MAILING A	DDRESS (Street)			FAX		
967 Kap	iolani Boulevard			591-6584		
(City	′)	(State)	(Zip Code)		
Honolu		HI		96814		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
/	Lan		3/1	3/07		
(Signature of Authorizing Officer or Person Represented)				(Date)		